

Initial Assessment Clinical – Primary Caregivers

1. From the desktop, go up to Create>Casework. From the Create Casework Page, select Assessment from the Assessment Icon and the family case. No participants are selected.
2. The next page will be the Assessment Report Link page. This page will show how many Protective Services and/or Services Intakes that need to be linked to an assessment. Select the check box for the report(s) that are to be linked to this assessment and click continue.

Assessment Report Link -- Web Page Dialog

eWiSACWIS Print Spell Check Help

CPS Reports

	Report Name	Supervisor Screening Date	Date and Time Report was Received
<input checked="" type="checkbox"/>	Betty Forest	06/12/2006 09:22:04	06/12/2006 09:15:00

Continue Close

- The Assessment and Report boxes at the top of the page will pre-fill with case name, case status, response time, and date. The remainder of the page consists of five tabs. The first tab is called the Participants tab. The Participants tab consists of demographic information that is carried over from the Intake. The participant's names are Hyperlinks. If individual information needs to be updated, click on their name and the system will open up the Person Management page for that individual (See Quick Reference Guide for Person Management). The Edit Roles Hyperlink will allow the case manager to edit the current roles for each individual. Finally, the insert button at the bottom of the page will allow additional participants to be added to the assessment. Click on insert and a Pop up message box will open with other participants listed on the Intake. Click the Radio button next to the individuals you want to add to the assessment and click continue (no screen shot).

The screenshot displays the eWISACWIS web application interface. At the top, the browser title is "Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin". The application header includes the "eWISACWIS" logo and navigation links for "Print", "Spell Check", "Help", and a question mark icon.

The main content area is divided into two sections: "Assessment" and "Report". The "Assessment" section shows "Name: Forest, Betty" and "Status: Open". The "Report" section shows "Response Time: Same Day" and "Date: 06/12/2006".

Below these sections are five tabs: "Participants", "Basic", "Allegations", "Contacts", and "Results". The "Participants" tab is currently selected, displaying a table titled "Assessment Participants".

Name	Gender	DOB	Race	Roles	Edit Roles
Kevin Forest	Male	01/01/2006	White	AV-HM	Roles
Betty Forest	Female	02/02/1971	White	HM-PR-RN-RP	Roles
Joe Forest	Male	01/01/1970	White	HM-PR	Roles

At the bottom of the "Assessment Participants" section is an "Insert" button. Below this, there is an "Options:" label with a dropdown menu and a "Go" button. At the very bottom of the form are "Save" and "Close" buttons.

The browser's status bar at the bottom shows "Done" and a "Trusted sites" icon.

- Click to the Basic tab. The Case Name Information Box will pre-fill with case demographics. The Living Arrangement of the Children Box is a drop down value. Select the appropriate value of the living arrangements of the children at the time of the assessment. Finally, the Family Characteristics consists of three drop down fields. Pick the values that best describe the family.

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

Assessment **Report**

Name: Forest, Betty Status: Open Response Time: Same Day Date: 06/12/2006

Participants Basic Allegations Contacts Results

Case Name Information

CAO:

Street #: 64 Street: Main Street Apt.: 1

City: Crandon State: WI Zip: 54520 Country: United States

Phone: (715)222-6549 Ext.: Alt. Phone: Alt. Ext.:

Fax:

Language Preference: English

Living Arrangement of the Child(ren)

Living Arrangement of the Child(ren):

Family Characteristics/Conditions

Family Characteristics/Conditions: None Observed

Family Characteristics/Conditions: Not Applicable - No allegation relating to primary caregiver

Family Characteristics/Conditions: Other

Options:

- Other financial stress
- Partner/non-family member in household which poses a concern
- Poor/Violent neighborhood conditions
- Receiving Public Assistance
- Serious illness/phys. disability affects caregvr. capacity
- Single parent household
- Social isolation/lack of support systems
- Unemployment

Save Close

Done Trusted sites

- The Allegations Tab will pre-fill with the alleged victim and alleged maltreater. The abuse/neglect code and description will also pre-fill from the Intake. The relationship to the victim is a drop down value. Select the appropriate value for the case. The assessment result is also a drop down value. Select the appropriate value. The Medical check box refers to if the child received medical attention for the injury received from the abuse. The Fatality check box refers to if the child died due to neglect/abuse.

The boxes below should be checked if the investigation is an Independent Investigation and/or the victim is legal or agency custody.

NOTE: It is important to complete the Assessment Result prior to supervisory final approval. If the Assessment Result is in Pending Status, the assessment can not be approved.

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

WiSACWIS Print Spell Check Help

Assessment Name: Forest, Betty Status: Open **Report** Response Time: Same Day Date: 06/12/2006

Participants Basic **Allegations** Contacts Results

Allegations

Report ID	Alleged Victim	Alleged Maltreater	Relationship to Victim	A/N Code	Description	Assessment Result	Medical	Fatality
8000631	Kevin Forest	Joe Fore	Biological Parent	Physical Abuse	Bruising-Burn/Scald	Pending	<input type="checkbox"/>	<input type="checkbox"/>

Not able to locate source
Pending
Substantiated
Unsubstantiated

☐ Independent Investigation ☐ Is the alleged victim(s) in Agency legal and/or physical custody

Insert

Save Close

Done Trusted sites

6. Move to the Contacts Tab. This is a view only tab. The Contacts will pre-fill from contacts that were documented in the system. See Quick Reference Guide on how to create Assessment Contacts and Initial Face to Face Contact.

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

WiSACWIS Print Spell Check Help

Assessment Name: Forest, Betty Status: Open **Report** Response Time: Same Day Date: 06/12/2006

Participants Basic Allegations **Contacts** Results

Contacts

Note ID	Name	Affiliation/Relationship	Title	Date	Contact Date/Time
9221306	Kevin Forest	child	child	06/10/2006	06/10/2006 10:00 AM
9221307	Joe Forest	father	father	06/11/2006	06/11/2006 10:00 AM

Save Close

Done Trusted sites

- The last tab is the Results Tab. At this point, the Results Tab does not have much information that pre-filled. This tab is view only and will pre-fill from information documented in the IAPC.

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

cWiSACWIS Print Spell Check Help

Assessment Name: Forest, Betty Status: Open **Report** Response Time: Same Day Date: 06/12/2006

Participants Basic Allegations Contacts **Results**

Assessment Results

☐ Substantiated
☐ Unsubstantiated
☐ Pending
☐ Not able to locate sources
☐ Likely to occur
☐ Unlikely to occur

Family RA Future A/N

Abuse Score:
Neglect Score:
Risk Level:

Safety Assessment

Safety Decision: Safe

Strengths and Needs

Needs Level:

Disposition

Initial Assessment - Primary Caregivers Rating

Maltreatment:	Circumstances:	Fmly. Funct.:	<input type="radio"/> High (21 to 28.0)
Child Funct.:	Parenting Disc.:		<input type="radio"/> Significant (14 to 20.9)
Adult Funct.:	Parenting Gen.:	Total:	<input type="radio"/> Moderate (7 to 13.9)
			<input type="radio"/> Minimal to Low (0 to 6.9)

Family Service Level

Family Service Level:

Options: Go

Done Trusted sites

8. Now, let's go back to the Basic Tab. Under Options, there are different selections for Assessment. For this example, we will use Clinical – IA Primary Caregiver. Click on the Go button.

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

cWiSACWIS Print Spell Check Help

Assessment Name: Forest, Betty Status: Open **Report** Response Time: Same Day Date: 06/12/2006

Participants **Basic** Allegations Contacts Results

Case Name Information

CAO:

Street #: 64 Street: Main Street Apt.: 1

City: Crandon State: WI Zip: 54520 Country: United States

Phone: (715)222-6549 Ext.: Alt. Phone: Alt. Ext.:

Fax:

Language Preference: English

Living Arrangement of the Child(ren)

Living Arrangement of the Child(ren): Single parent household, mother only

Family Characteristics/Conditions

Family Characteristics/Conditions: Other

Family Characteristics/Conditions:

Family Characteristics/Conditions:

Options: **Go** **Save** **Close**

Assessment
Clinical
IA Primary Caregivers
IA Secondary/Non Caregivers
Actuarial
IA Narrative
Family RA Future A/N
Strengths and Needs
Actions
Extension

Done Trusted sites

9. The Initial Assessment Primary Caregivers Page will open. This page consists of eight tabs. The first tab is Participant Information. This page is blank and will require the case manager to add participants to the Child Information field and Parent Information field. Use the add/edit buttons on each box to add the participants to whom the assessment applies. The add/edit button will bring up a pop up page.
- **Note: In the Case Information Box is a check box labeled “IAPC Completed”. This box must be checked prior to sending this off for final approval.**

Initial Assessment-Primary Caregivers -- Web Page Dialog

eWiSACWIS Print Spell Check Help

Case Information

Case Name: Forest, Betty Case ID: 9221412 Referral Date: 06/12/2006 ☐ IAPC Completed

Part. Info Maltreatment ChildFncng AdultFncng ParentalPractices Risk and Safety Summary

Child Information

Child Name DOB

Add/Edit

Parent Information

Parental Role Name DOB

Add/Edit

Options: Go Save Close

10. Check off the box to the corresponding participant that should be added to the assessment for the Child Information and Parent Information group box and click continue.

Select	Person Name	DOB
<input checked="" type="checkbox"/>	Forest, Kevin	01/01/2006
<input type="checkbox"/>	Forest, Betty	02/02/1971

[Continue](#) [Close](#)

11. The Participant Information is now pre-filled with the participants selected from the Case Participant pop-up box.

Initial Assessment-Primary Caregivers -- Web Page Dialog

eWiSACWIS Print Spell Check Help

Case Information

Case Name: Forest, Betty Case ID: 9221412 Referral Date: 06/12/2006 ☐ IAPC Completed

Part. Info Maltreatment ChildFncng AdultFncng ParentalPractices Risk and Safety Summary

Child Information

Child Name	DOB
Forest, Kevin	01/01/2006

Add/Edit

Parent Information

Parental Role Name	DOB
Forest, Joe	01/01/1970
Forest, Sue	01/01/2005

Add/Edit

Options: Save Close

12. Next, click on to the Maltreatment tab. The first section of the Maltreatment Tab is the Safety Evaluation. The Safety Evaluation is built into the Initial Assessment. The Safety Evaluation is the same as the stand alone Safety Assessment. The questions relate to the subject of the tab. The radio buttons default to blank. Read each question and respond to it appropriately. (see Safety Assessment Quick Reference Guide)

Next is the Maltreatment Box. Enter a narrative to describe the maltreatment and use the Maltreatment Rating box to rate it. There are drop down values which to select. Follow the same procedure for Surrounding Circumstances Accompanying or Leading up to Maltreatment.

Under Options, is the printable copy of the Initial Assessment. Select it, click Go and you will be able to read and print a copy.

Note: there is a scroll bar on the right of each tab. Use the scroll bar to scroll down to the bottom of the page in order to view the entire tab.

Initial Assessment-Primary Caregivers -- Web Page Dialog

eWiSACWIS Print Spell Check Help

Case Information

Case Name: Forest, Betty Case ID: 9221412 Referral Date: 06/12/2006 ☐ IAPC Completed

Part. Info **Maltreatment** ChildFunctng AdultFunctng ParentalPractices Risk and Safety Summary

Safety Assessment

Safety

One of both parents/caregivers intend(ed) to hurt the child. ☐ Yes ☐ No

Living arrangements seriously endanger the physical health of the child. ☐ Yes ☐ No

Maltreating parent/caregiver exhibits no remorse or guilt. ☐ Yes ☐ No

Maltreatment

1. Maltreatment:

Describe the maltreatment that occurred. Be specific about the injuries and/or conditions. If the child(ren) received medical attention, describe the findings.

Enter text here!

Maltreatment Rating:

2. Surrounding Circumstances:

Describe the surrounding circumstances accompanying or leading up to the maltreatment. **Note:** This narrative section

Save Close

13. On the bottom of the page are two boxes. Each box consists of the Anchors (ratings) for each category above that a narrative was required. The Anchors will help determine how to rate each category.

Initial Assessment-Primary Caregivers -- Web Page Dialog

eWiSACWIS Print Spell Check Help

Case Information

Case Name: Forest, Betty Case ID: 9221412 Referral Date: 06/12/2006 ☐ IAPC Completed

Part. Info **Maltreatment** ChildFncng AdultFncng ParentalPractices Risk and Safety Summary

Maltreatment Rating: [dropdown]

2.Surrounding Circumstances:
Describe the surrounding circumstances accompanying or leading up to the maltreatment. **Note:** This narrative section should always include the parents explanation of circumstances even if the finding is no maltreatment.

[Text Area]

Surrounding Circumstances Rating: [dropdown]

Anchors for Maltreatment

▶ Maltreatment

Anchors for Surrounding Circumstances

▶ Surrounding Circumstances

Save Close

14. Click on the expando to view the description for the corresponding number rating.

The screenshot displays the 'Initial Assessment-Primary Caregivers -- Web Page Dialog' window. The title bar includes 'eWiSACWIS' and navigation links for Print, Spell Check, and Help. The main content area shows case information: Case Name: Ash, Anna; Case ID: 20238; Referral Date: 05/14/2004. A tabbed interface is present with tabs for Part. Info, Maltreatment (selected), ChildFncng, AdultFncng, PatPractices, RiskRating, Safety, and Support Net. The Maltreatment section is expanded, revealing a list of anchors for maltreatment ratings: 4 (Extreme), 3 (Severe), 2 (Moderate), 1 (Mild), and 0 (None). Each rating is accompanied by a detailed description of the associated behaviors or conditions. At the bottom of the dialog, there are 'Save' and 'Close' buttons. The status bar at the very bottom indicates the current page (Page 9), section (Sec 1), and line/col information (Ln 9, Col 1).

Initial Assessment-Primary Caregivers -- Web Page Dialog

eWiSACWIS

Print Spell Check Help

Case Name: Ash, Anna Case ID: 20238 Referral Date: 05/14/2004

Part. Info Maltreatment ChildFncng AdultFncng PatPractices RiskRating Safety Support Net

Anchors for Maltreatment

Maltreatment

4 (Extreme)
Cruel restraint; vicious beatings; burns; physical torture; sexual abuse accompanied by physical abuse; bizarre sexual practices; pornography/sexual exploitation; constantly berating, doublebinding, verbal assault/intimidation, psychological torture; life threatening unmet health needs/living arrangements.

3 (Severe)
Biting; injuries to head, face, genitals; internal injuries; broken bones; oral sex, anal sex or intercourse; constantly hitting; hitting or slapping the head or face; kicking; punching or blows to the abdomen; throwing or shaking; multiple injuries; diagnosable malnutrition; abandonment; consistent scapegoating, indifference, condemnation and/or rejection; serious unmet health needs/living arrangements.

2 (Moderate)
Medical care not sought; inadequate shelter; lack of supervision; significant bruising to lower extremities; fondling, exhibitionism or masturbation, occasional scapegoating, indifference, condemnation and/or rejection.

1 (Mild)
Minor bruising; chronic minor neglect (e.g. routine minimal parenting/care, inconsistent supervision, routine poor hygiene, inconsistent feeding/nutrition, etc.); minimal emotional distancing, labeling, harassing.

0 (None)
There is no indication of maltreatment.

Anchors for Surrounding Circumstances of Maltreatment

Save Close

Page 9 Sec 1 9/9 At 6.9" Ln 9 Col 1 REC TRK EXT OVR WPH

15. Let's continue to the Child Functioning Tab. The remaining tabs will work in the same manner as the Maltreatment Tab. There will be a Safety Evaluation, a Category in which a narrative will need to be entered, and a Rating of the Category. The only difference is that now the tabs will address all individuals who are a subject of this assessment. A narrative and risk rating will need to be done for each individual. Pay attention for additional scroll bars on the page. Also, above the narrative boxes will be "Row 1 of 2, Row 2 of 2, etc." This is a clue that there are more individuals that will need to be addressed.

Initial Assessment-Primary Caregivers -- Web Page Dialog

eWiSACWIS Print Spell Check Help

Case Information

Case Name: Forest, Betty Case ID: 9221412 Referral Date: 06/12/2006 ☐ IAPC Completed

Part. Info Maltreatment **ChildFncng** AdultFncng ParentalPractices Risk and Safety Summary

Safety Assessment

Safety

Child shows effects of maltreatment, such as serious emotional symptoms and lack of behavioral control. ☒ Yes ☐ No

Child is fearful of home situation. ☐ Yes ☒ No

Child shows effects of maltreatment, such as serious physical symptoms. ☐ Yes ☒ No

Child Functioning

Child Name: Forest, Kevin Rating: 2

Describe the child's general functioning and effects of any maltreatment.

Row 1 of 1

Enter Text Here!

Save Close

16. After completing the Adult Functioning and Parenting Practices Tabs, click on the Risk and Safety Tab. The Risk and Safety Tab will calculate all of the Risk Ratings that were entered on the previous tabs. It will use the highest rating for each category. For example, if the mother was rated as a two for parenting practices and the father was rated a four, the system will use the father's score of four and ignore mother's score for the calculations for that category.

The Safety Assessment and Conclusion group box will identify if one or more safety threats have been identified. The Safety Decision and Date of Safety Assessment will not pre-fill until the Safety Assessment and Plan have been completed. This will be addressed later in this guide. (Bullet Point 19)

Initial Assessment-Primary Caregivers -- Web Page Dialog

eWiSACWIS Print Spell Check Help

Case Information

Case Name: Forest, Betty Case ID: 9221412 Referral Date: 06/12/2006 ☐ IAPC Completed

Part. Info Maltreatment ChildFunctng AdultFunctng ParentalPractices **Risk and Safety** Summary

Risk Rating

Maltreatment:	0	Circumstances:	0	Risk Level Based on Risk Rating Total: <input type="radio"/> High (21 to 28.0) <input type="radio"/> Significant (14 to 20.9) <input checked="" type="radio"/> Moderate (7 to 13.9) <input type="radio"/> Minimal to Low (0 to 6.9) <input type="radio"/> N/A
Child Functioning:	2.0	Parenting - Discipline:	2.0	
Adult Functioning:	1.5	Parenting - General:	2.0	
Family's Functioning:	2.0	Total:	9.5	

Safety Assessment and Conclusion

One or more factors that negatively affect safety are identified. ☒ Yes ☐ No

Safety Decision: _____
Date of Safety Assessment: 00/00/0000

Save Close

17. The Summary Tab has multiple group boxes; the first box is the Family Support Network. Use this box to document the family's support network if the case is to be opened for services.

The Closing Summary group box is to be used to document information that is pertinent to the case if the case is to be closed

The Case Disposition group box is to document if the case is to be opened or closed and the reason.

Initial Assessment-Primary Caregivers -- Web Page Dialog

eWiSACWIS Print Spell Check Help

Case Information

Case Name: Forest, Betty Case ID: 9221412 Referral Date: 06/12/2006 ☐ IAPC Completed

Part. Info Maltreatment ChildFnctng AdultFnctng ParentalPractices Risk and Safety **Summary**

Family Support Network

If opening/transferring the case for services complete this section by describing the family's support network, taking into account the family's cultural context. Otherwise, go directly to the Closing Summary.

Closing Summary

Closing Summary/Supervisor Comments (Include any referrals to community resources that were made):

Case Disposition

☐ Case Closed Reason Case Closed:

☐ Case Opened Reason Case Opened:

Correspondence

Save Close

18. The final group box is the Correspondence group box. This is used to document if Mandated Reporters, Relative Reporters were notified. It also is used to document if a Substantiation Notification and a Licensing Notification was sent.

Initial Assessment-Primary Caregivers -- Web Page Dialog

eWiSACWIS Print Spell Check Help

Case Information

Case Name: Forest, Betty Case ID: 9221412 Referral Date: 06/12/2006 ☐ IAPC Completed

Part. Info Maltreatment ChildFncng AdultEncng ParentalPractices Risk and Safety **Summary**

Correspondence

Mandated Reporter

☐ Not applicable

Date mandated reporter given feedback: 00/00/0000

Relative Reporter

☐ Not applicable

☐ Documented request for information received from relative reporter: 00/00/0000

☐ Date Letter Sent: 00/00/0000 OR Date of Court Order Barring Disclosure: 00/00/0000

Substantiation Notification

☐ Not applicable

Date Notice of Child Maltreatment Determination and Right to Appeal Letter Sent: 00/00/0000

Licensing Notification

☐ Not applicable

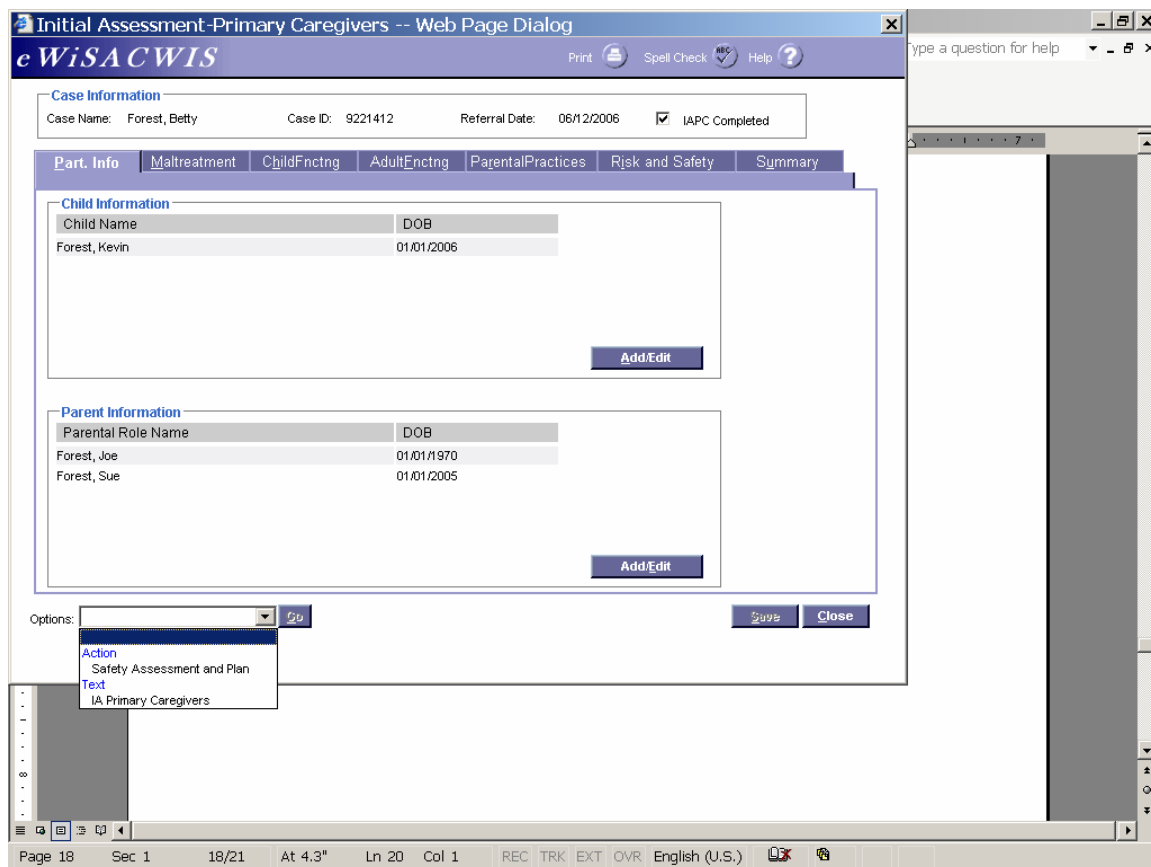
Date Licensing/Regulatory Agency Notified: 00/00/0000

Save Close

19. Based on the Safety Threats that were identified in the Initial Assessment, the Safety Assessment and Plan needs to be completed. The Safety Assessment and Plan can only be edited from the outliner. The Safety Assessment and Plan from Options on the Initial Assessment is view only.

The Text version of the IAPC can also be accessed from the Options menu.

Make sure the IAPC Completed checkbox is checked prior to final approval. This will approve the IAPC and Safety Assessment and Plan at the same time.



Initial Assessment-Primary Caregivers -- Web Page Dialog

WiSACWIS Print Spell Check Help

Case Information
Case Name: Forest, Betty Case ID: 9221412 Referral Date: 06/12/2006 ☒ IAPC Completed

Part Info Maltreatment Child Fncng Adult Fncng Parental Practices Risk and Safety Summary

Child Information

Child Name	DOB
Forest, Kevin	01/01/2006

Add/Edit

Parent Information

Parental Role Name	DOB
Forest, Joe	01/01/1970
Forest, Sue	01/01/2005

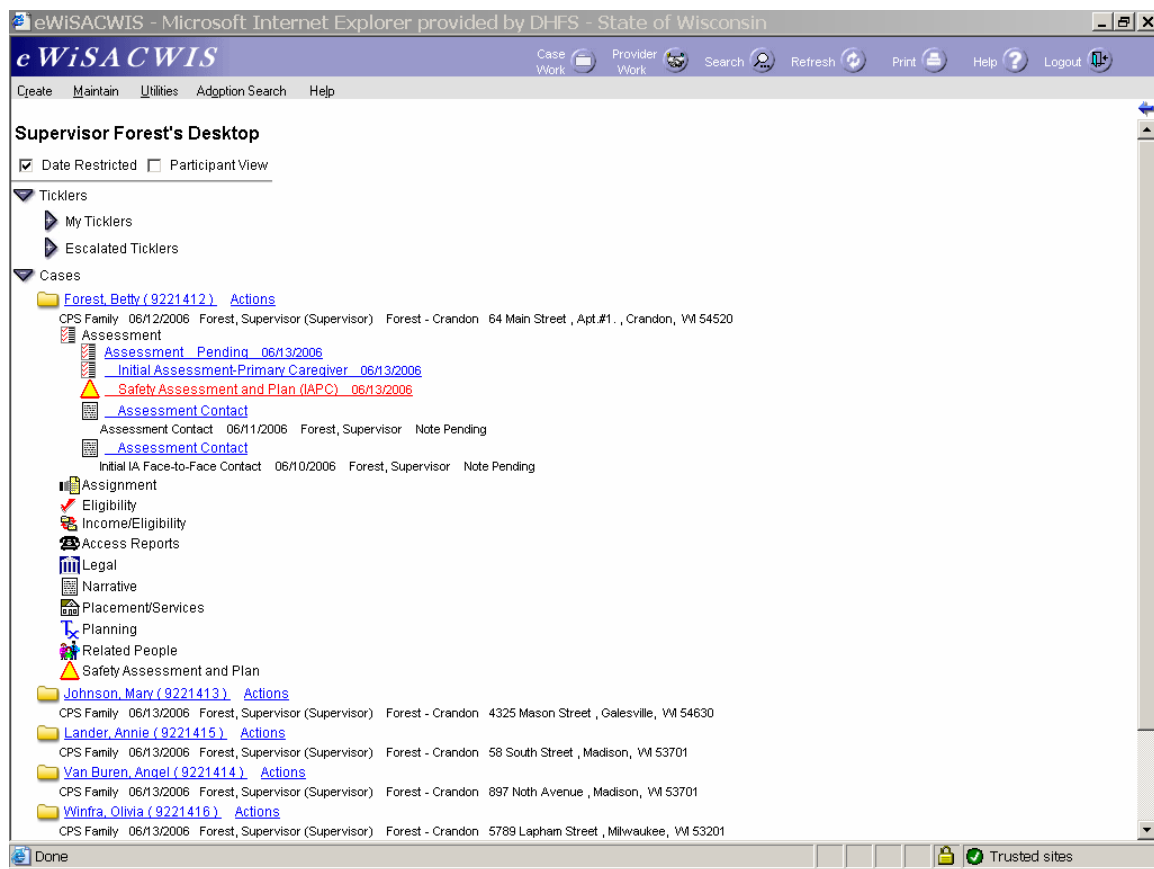
Add/Edit

Options:

- Action
- Safety Assessment and Plan
- Text
- IA Primary Caregivers

Page 18 Sec 1 18/21 At 4.3" Ln 20 Col 1 REC TRK EXT OVR English (U.S.)

20. On the outliner, find the appropriate Safety Assessment and Plan (IAPC) and complete. See the Quick Reference Guide on Safety Assessment and Plan for instructions.



21. Once the Safety Assessment and Plan is completed, return to the Pending Initial Assessment on the outliner for final approval.

Assessment - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

WisACWIS Print Spell Check Help

Assessment Name: Forest, Betty Status: Open **Report** Response Time: Same Day Date: 06/12/2006

Participants Basic Allegations Contacts Results

Assessment Participants

Name	Gender	DOB	Race	Roles	Edit Roles
Kevin Forest	Male	01/01/2006	White	AV-HM	Roles
Betty Forest	Female	02/02/1971	White	HM-PR-RN-RP	Roles
Joe Forest	Male	01/01/1970	White	AM-HM-PR	Roles

Insert

Options:

Actions

- Approval
- Link Report to Assessment

Done Trusted sites